



Tompkins County
PAYROLL DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name: _____

Employee ID: _____

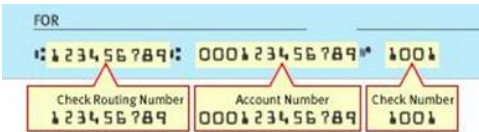
Email: _____

Phone Number: _____

Please attach a voided check or specification sheet provided by your financial institution that clearly displays account information for all accounts being established for direct deposit.

	Amount/Percent	Financial Institution	Account Type (C/S)	9 Digit Routing #	Account #	Action*
1	Entire/Remainder					
2						
3						
4						
5						

- *E - Establish New Account (Requires Prenotification – Effective 10 Days from System Input)
T – Terminate Current Account (Effective Immediately)
C - Change to Amount or Percent Only (Effective Immediately)
R – Reactivate a Previously Established and Terminated Account (Effective Immediately)
NC – No Change



(Optional) Notes/Directions: _____

All changes, excluding establishing a new account, must be submitted to payroll by the Friday before the desired effective pay day

I hereby authorize Tompkins County to deposit my net pay each pay day directly to the accounts listed above and acknowledge that the funds may not be in my account until the end of day on pay day.

By signing this agreement, I understand that the payroll system will be running a 10-day prenotification process on all newly established accounts to verify my information with my financial institution, and these accounts will not become active for direct deposit until my information successfully passes this process. Should the account fail the prenotification, this agreement will be terminated, and it is my responsibility to contact my financial institution before a new agreement will be accepted.

Otherwise, this agreement supersedes all previous agreements and will remain in effect until a new form has been completed or I have separated from county employment.

Signature: _____

Date: _____

For Payroll Use Only

Date Entered: _____

Initials: _____

Pre-Note Status:

- ☐ Passed - Effective Pay Date: _____
- ☐ Failed (Attach UGK ACH Notification)
- ☐ Not Required – Effective Pay Date: _____